ROCHESTER PUBLIC TRANSIT

**City of Rochester**
**Zumbro Independent Paratransit Service (ZIPS)**
4300 East River Road NE Rochester, MN 55906-3528

Phone: 507-328-2434
Reservations: 507-328-2520
Fax: 507-328-2432

## Eligibility for ZIPS is a transportation decision, not a medical one

Determinations are based on a person's functional ability to use Fixed Route buses. Eligibility is **not** solely based on disability, age or medical diagnosis.

ZIPS Dial-a-Ride service is available for individuals with disabilities who are unable to ride Rochester Public Transit Fixed Route* buses. This is a shared-ride, door-to-door, Operator-assisted service** which requires advance reservations. Customers must complete the application process before using this service. Accessible formats are available upon request.

**If you have questions about ZIPS eligibility or if you need help with the application form, Rochester Public Transit staff is available to assist you. Please call 507-328-2434.**

Please complete the application form in full. **Incomplete applications will be returned**, which may delay the eligibility determination process.

**ZIPS certification is valid for 3 years. You will need to reapply after the expiration date.**

WHEN AND HOW WILL YOU FIND OUT IF YOU ARE ELIGIBLE?

**Once the application has been reviewed, applicants will be notified of the eligibility decision in writing and by phone.** Eligibility determinations are made **within 21 days** of the date we receive your application. If a decision is not made within 21 days, we will provide you with ZIPS services until a determination is made.

If you are approved for ZIPS, you will be given a ZIPS Service Guide with information about the service. If it is determined that Fixed Route buses are a feasible option for some or all of your trips, you will be notified in writing of the reasoning for this decision and information will be provided about how to appeal the determination.

**Return completed applications to:**

**Zumbro Independent Transit Service**
**4300 East River Road NE**
**Rochester, MN 55906**

**Fax:** 507.328.2432
**Phone:** 507.328.2434
**Email:** rpt@rochestermn.gov

*Large transit buses operated on designated routes by RPT.

**Operators assist passengers through the first door of a building at both their point of origin and their destination. First door is defined as giving inside access to the building

## PART A: Applicant Information

☐ New Application or ☐ Renewal

First name _____Last name _____Middle initial _____

Preferred Pronouns:_____

Street address _____Apt. # _____

City_____State_____Zip _____ Date of birth_____

Primary phone number (required) _____

Would you like to sign up for the **RPT Mobile Fare Smartphone App?**

☐ Yes (If yes) please provide email:_____

☐ No

What is your preferred language? _____

Are you currently using Fixed Route Transportation Services? ☐ Yes ☐ No

If yes, please share why this service no longer meets your needs:

_____

_____

_____

If not, please share why this service doesn't meet your needs:

_____

_____

_____

Are you currently driving? ☐ Yes ☐ No

If yes, please share why driving no longer meets your needs:

_____

_____

_____

Do you currently have a PCA that helps you with daily care? ☐ Yes ☐ No

If yes, please explain what tasks / cares they help you with

_____

_____

**FOR INTERNAL OFFICE USE ONLY**

RECEIVED ON: _____

APPROVED ON: _____

EXPIRES ON: _____

APPROVED BY: _____

Date Denied:_____

Date letter was sent: _____

## PART B: Eligibility Information

What type or types of disabilities prevent you from using Fixed Route buses? Check all that apply.

☐ Physical disability ☐ Visual impairment/blindness ☐ Developmental disability ☐ Mental illness

☐ Other ☐ None

Please explain how your disability prevents you from being able to use fixed route transportation:

_____

_____

_____

Is the disability above permanent or temporary?

☐ Permanent ☐ Temporary, expected it to last for another _____month's

Indicate any mobility aids or equipment you use. Check all that apply.

☐ Cane ☐ Manual wheelchair ☐ Service animal ☐ White cane ☐ Powered wheelchair ☐Crutches

☐ Communication device ☐ Walker ☐ Powered scooter or cart ☐ Portable oxygen ☐ Alphabet board

☐ I do not use a mobility aid or equipment ☐ Other (please describe) _____

For wheelchairs or scooters, is it - More than 30 inches wide? ☐ Yes ☐ No

More than 48 inches long? ☐ Yes ☐ No

For Ramp Capacity:

For powered devices, is the combined weight over 800 pounds? ☐ Yes ☐ No

For manual wheelchairs, is the combined weight over 350 pounds? ☐ Yes ☐ No

***If the combined weight exceeds 800 lbs. (for powered devices) or 350 lbs. (for manual wheelchairs), a Personal Care Assistant will be required to assist the rider on and off the bus.***

## PART B: Eligibility Information

**SIGNATURE INFORMATION**

Please complete Box A ***unless*** the individual is a minor or has a legal guardian. In that case, the parent or legal guardian should complete Box B.

A. I understand the purpose of this application is to determine Dial-a-Ride eligibility. I certify that the information provided in this application is true and correct. I understand falsification of information could result in a loss of Dial-a-Ride privileges as well as penalties under the law. I agree to notify ZIPS if I no longer need to use Dial-a-Ride services.

_____ _____

Signature of applicant Date

B. I understand the purpose of this application is to determine Dial-a-Ride eligibility of the Applicant. I certify that the information provided in this application is true and correct. I understand falsification of information could result in a loss of Dial-a-Ride privileges as well as penalties under the law. I agree to notify ZIPS if the Applicant no longer needs to use Dial-a-Ride services.

I consent to the Applicant's interview and any possible assessment of travel abilities and limitations to determine Dial-a-Ride eligibility.

_____ _____ _____

Signature of parent or legal guardian Date Phone

***Must provide legal documentation of legal guardianship, Power of Attorney, Conservatorship.***

If assisting in the completion this application, please provide the following information.

Name (please print)_____

Relationship to applicant_____

Address_____

Agency_____Phone _____

## Assessing Abilities to Use Fixed Route Transit Services

**Please have this section completed by a care professional** (Physician, Physician's Assistant, Advanced Practice Registered Nurse, Chiropractor, Physical Therapist, Case Manager, Personal Care Attendant, etc.)

What is the nature of the applicant's disability? (Check all that apply).

☐ The applicant has a **physical disability** that prevents them from traveling to and from the bus or boarding and disembarking from the vehicle.

☐ The applicant has a **cognitive disability** which prevents them from using regular Rochester Public Transit buses.

☐ The applicant has a **sensory disability** which prevents them from using regular Rochester Public Transit buses.

☐ The applicant has a **mental health disability** that prevents them from using the regular Rochester Public Transit service.

**Is the applicant's disability:**

☐ Permanent ☐ Temporary, I expect it to last for another _____month's

If temporary, please explain the length of time service will be needed or the circumstances under which the applicant needs service.

_____
_____
_____
_____

Title _____Printed Name_____
Clinic/Agency _____

Address _____

City _____State _____Zip code _____-_____

Telephone (_____) _____-_____Email _____@_____

I certify by my signature that _____(**applicant's name**), in my professional opinion, meets the criteria as I have indicated above.

Signature _____Date _____/_____/_____